File with:

Fax: 515-281-4073

Iowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319

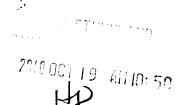
## FOR INSTRUCTIONS, SEE BACK OF FORM

# **DISCLOSURE SUMMARY PAGE**

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Reset Form

Parties must be filed electronically.



COMMITTEE MANE (AL. (1)			1	4 X
COMMITTEE NAME (Must be same as on Statement of Org	anization)			
John Parsons for Supervisor			FORM	
IMPORTANT: Indicate by # type of committee you are reporting for: (1)Statewide/Legislative/Judge Standing for Retention Candidate (	2 State PAC / 3 State Ports		<b>DR-2</b> (Rev. 12/2009)	DISCLOSURE REPORT
(4) County Central Committee (5) County Candidate (6) City Cand Subdivision Candidate (8) County PAC (9) City PAC (10) School 11) Local Ballot Issue		For Office Use Only		
CANDIDATE COMMITTEES ONLY:				
Candidate Name	Political Party (if applicable)			
John Parsons	Democrat			
Office Sought County Supervisor	District (if Senate or House)		Audited	
Late reports are subject to possible civil and criminal penalties. Pu candidate's committee, and the chairperson, for any other type of o	rsuant to Iowa Code sections 68B.32A committee, is the individual responsible	(7) and 6	8A.401(3), the car timely and accura	ndidate, for a te reports.
Anides Parsons	515-1081-031.4		10-18-1	(/)
SIGNATURE OF PERSON FILING REPORT	<u>515-681-9368</u> TELEPHONE	-	DATE SI	
			DATEO	GILL
AM FILING A October 19, 2010	REPORT FOR (1) ELECTION	/(2)NON	-ELECTION YEA	AR.
(report date)	Indicate by #	<u> 1</u>		
CHECK IF AMENDMENT TO REPORT DATED		Local Cor	nmittees, enter Dat	e of Election
☐ Check if this is final (termination) report and attach Notice o	of Dissolution Form DR 2			
(You must continue to file reports until a DR-3 is filed	County &	Local Committees,	enter County in	
		Jasper		
STATEMENT OF CASH ON HAND	<u> </u>			
CASH ON HAND at the beginning of the reporting period. (To	_			
committee. This amount MUST be the same as the of the last reporting period or must be zero if this is fi	cash on hand at the end	\$	409.86	
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach Sched	ule A) (*also see in-kind below)		1,600.00	
Schedule F: Loans Received total (Attach Schedule	•		0.00	
Schedule H: Total Sales of Campaign Property (Atta			0.00	
(Schedule H applies to Candidates' Com			*****	
	SUB-TOTAL	\$	2,009.86	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		•		
Schedule B: Expenditures total (Attach Schedule B)	(**also see debts and loans below)		1,194.95	
Schedule F: Loan Repayments total (Attach Schedu	•		0.00	
CASH ON HAND at the end of this reporting period (if final rep			814.91	· · · · · · · · · · · · · · · · · · ·
*UNPAID BILLS (From Schedule D - Attach Schedule D)			384.50	
				T. M
IN MIND CONTRIDUTIONS (From Scheone E Alisco Sche		Ф	_0.00	
		•	0 00	
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule F - Attach Schedule F - Attach Schedule F - Attach Schedule CONSULTANT BREAKDOWN (Schedule G Attached?)		\$	0.00	
OUTSTANDING LOANS (From Schedule F - Attach Schedu CONSULTANT BREAKDOWN (Schedule G Attached?)		\$ —		40
OUTSTANDING LOANS (From Schedule F - Attach Schedu	le F)	\$  \$		<b>NO</b>

### For Instructions, See Back of Form

### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)  John Parsons for Supervisor		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
8/17/10	ID# CK#	Dennis and Jane Stevenson 110 Railroad Street, P.O. Box 69 Kellogg, IA 50135		\$200.00	INCOME
9/2/10	D# 9681 CK# 1038	United Staff Union of Iowa PAC 4320 N.W. 2nd Avenue Des Moines, IA 50313-2742		100.00	
9/16/10	ID#	Larry Ladd and Shirley Hanson Ladd 8717 W. 122nd Street N. Mingo, IA 50135		50.00	
9/28/10	ID# CK# 1389	Mary Parsons Box 266 Kellogg, IA 50135	Mother	200.00	
10/3/10	ID# CK# 2921	Douglas Smith P.O. Box 334 Prairie City, IA 50028		50.00	
10/7/10	CK# 2005	Jasper County Democratic Central Committee Newton, IA 50208		1,000.00	
	CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
			SUB-TOTAL		

TOTAL (if last page of this schedule)

SCHEDULE

MONETARY

Reset Form

of  $^{1}$ (for Schedule A)

1,600.00

1,600.00

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset Form

## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Staten	nent of Organization)
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John Parsons for Supervisor

DATE	CANDIDATE ID NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE	PURPOSE (DESCRIPE TRANSACTION)	AMOUNT
EXPENDED (MM/DD/YR)	(if applicable) AND PAC	(Disbursement) WAS MADE	(DESCRIBE TRANSACTION)	EXPENDED
(	CHECK NUMBER			
	ID# <sub>17916</sub>	Newton Independent	web advertising	
9/27/10	CK#1031	313 W. 2nd Street S. Newton, IA 50208		\$ 100.00
	ID# <sub>17916</sub>	News Printing Co.	Advertising	
0/11/10	CK# 1032	P.O. Box 967 Newton, IA 50208	The state of the s	333.30
	ID# <sub>17916</sub>	Jasper County Tribune	Advertising	
0/11/10	CK# 1033	1 West Howard Colfax, IA 50054		99.00
	ID# <sub>17916</sub>	PCM News	Advertising	
10/11/10	CK# <sub>1034</sub>	108 E. Jefferson Prairie City, IA 50228	ravorusing	72.00
	ID# <sub>17916</sub>	Monroe Mirror	Advertising	
0/11/10	CK# <sub>1035</sub>	Box 430 Monroe, IA 50170		81.00
	ID# <sub>17916</sub>	News Printing Co.	Advertising	
0/12/10	CK# <sub>1036</sub>	P.O. Box 967 Newton, IA 50208		166.65
	ID# <sub>17916</sub>	Hometown Press	Advertising	
0/12/10	CK# <sub>1037</sub>	301 - 7th Avenue Sully, IA 50251		60.00
	ID# <sub>17916</sub>	KCOB Radio	Advertising	
0/13/10	CK# 1038	1801 N. 13th Avenue E. Newton, IA 50208	A COLUMN	283.00
			SUB-TOTAL	\$ 1,194.95
			TOTAL (if last page of this schedule)	\$ 1,194.95

#### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

1	1	
Page <sup>†</sup>	of 1	

FOR INSTRUCTIONS, S	EE BACK OF FORM
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OR INSTRUCT	IONS, SEE BACK OF FORM		SCHEDULE	
COMMITTEE  John Parson	NAME (Must be same as on Statement of Organization) s for Supervisor		D	INCURRED INDEBTEDNESS
NOTE: Debts Sched	previously reported that remain unpaid must be included on this ule, as well as any new obligations incurred in this period.	Reset Form	CHE IF A FOR	CK THIS BOX MENDING M
DEBTS/OB	LIGATIONS REMAINING THIS REPORTING PERIOD ICLUDE LOANS SHOW LOANS ON SCHEDULE F)		goods or serv received, but end of the rep regardless of	debt" is a debt for rices ordered or not paid for by the porting period., whether an invoice
DATE NCURRED	NAME AND ADDRESS OF PERSON	DESCRIPTION OF GOODS	has been rece	eived. ANCE OWED AT

DATE		nas pe	en received.
INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
7/15-10/14/1(	John C. Parsons 8027 Hwy. F-17 West Baxter, IA 50028	Mileage reimbursement 769 miles @ \$.50/mile	\$ 384.50
	TOTAL DEBTS OWED BY COMMITTEE AT TH	SUB-TOTAL  SUB-TOTAL  SUB-TOTAL	\$ 384.50
		The state of the s	384.50

\*If actual figure is unknown, show "estimated" beside the figure.

of 1 (for Schedule D)

#### CANDIDATE COMMITTEES NOTE:

Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.